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ABSTRACT

In contrast to the view of the elderly as helpless and handicapped, some older adults may engage in helping activities and place considerable importance on this involvement. This study examined the characteristics which may distinguish those elderly persons engaged in the highest amounts of altruistic activity from those reporting lesser degrees of involvement. Respondents were 400 persons between the ages of 65 and 100; 200 were randomly selected from the general community, and 200 came from age-homogeneous apartment complexes. Subjects were classified as high helpers or low helpers based on their responses to altruism scales. Three stepwise discriminant function analyses were performed to predict membership in the two helper groups--one for the entire sample and one for each residential subsample. A general finding was that the altruistic respondents, in contrast to less helpful subjects, expressed a high degree of willingness to incur costs or risks. Elderly altruists were more likely than the less helpful elderly to perceive themselves as healthy; they possessed personality and motivational characteristics associated with altruism in other age groups, including social responsibility and internal locus of control; and they appeared to experience high degrees of psychosocial well-being. Results of the separate analyses indicated that the study variables accurately classified 87.9% of the cases for the total sample, 92.8% of the senior residents, and 83.4% of elderly respondents in the sample of persons in independent living. (Author/NB)

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WHO HELPS? ATTITUDES AND CHARACTERISTICS OF ELDERLY ALTRUISTS

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Abstract

The focus of this paper is on variables distinguishing elderly altruists from those engaging in lesser degrees of helping. Respondents were 400 persons aged 65-100; 200 were randomly chosen from the general community, and 200 from age-homogeneous apartment complexes. Study participants were classified as high helpers (altruists) vs. low helpers based on responses to altruism scales. Three stepwise discriminant function analyses were then performed to predict membership in the two helper groups--one for the entire sample, and one for each residential subsample.

A general finding of the study was that those respondents categorized as altruists, in contrast to the less helpful elderly, expressed a high degree of willingness to incur costs or risks. In addition, elderly altruists are more likely than the less helpful elderly to perceive themselves as healthy, they possess personality/motivational characteristics associated with altruism in other age groups--including social responsibility and internal locus of control, and they appear to experience high degrees of psychosocial well-being. Results of the separate analyses indicated that the study variables accurately classified 87.9% of the cases for the total sample, 92.8% of the senior residents, and 83.4% of elderly respondents in the sample of independent livers.

WHO HELPS? ATTITUDES AND CHARACTERISTICS OF ELDERLY ALTRUISTS.

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EXTENDED ABSTRACT

The importance of altruistic behaviors and values among the elderly has been the focus of increasing attention in recent years (Kahana, Midlarsky & Kahana, 1987; Stewart & Smith, 1983). In contrast to the view of the elderly as helpless and handicapped, there are growing indications that older adults may engage in numerous helping activities--in the home, the neighborhood and the wider community, and may place considerable importance on this involvement.

The focus of this paper is on characteristics which may distinguish those engaged in the highest amounts of altruistic activity from those reporting lesser degrees of involvement. This investigation was undertaken in order to determine the constellation of personal factors, motives, and facets of psychosocial well-being associated with helping by men and women, over the age of 65, who are retired and living in the community.

Method

Sample

Respondents consisted of 400 men and women aged 65-100, chosen from four communities within the Detroit metropolitan area. These communities were chosen because they provided an excellent cross-section of demographic characteristics, ranging from urban to suburban community profiles. Of the 400 respondents, 200 were randomly chosen from the general community, and 200 from age-homogeneous apartment complexes. All fulfilled certain criteria, i.e., that they be 65 years of age or older, and retired from full-time employment, so as to focus on persons for whom helping roles outside the work situation may be particularly salient. In addition, only physically mobile persons who were not housebound were included, to allow for possibilities of helping. Respondents were individually interviewed in their

homes by trained interviewers, on a standard instrument.

Variables and Instruments

Helping behavior. In order to distinguish high vs. low helpers, two measures were employed. First, we used the Self-Report Altruism Scale developed by Rushton, Chrisjohn and Fekken (1981), modified by the deletion of age-inappropriate items, and by adding items based on prior work on helping by the elderly (Sherman, 1975; Prohaska & McAuley, 1984). A second measure, the Domains of Helping Scale, considered types of helping behavior in relation to potential recipients--strangers, family, friends or neighbors. Alphas for the scales were .89 and .94, respectively. Factor analysis of the entire pool of helping items indicated that our best approach at this stage was to use the first principal component, which was responsible for fifty-four percent of the variance.

Independent variables. These included three categories: demographic variables, psychological/motivational variables, and indices of psychosocial well-being In regard to demographic variables, we hypothesized important roles for health and finances. Health was measured by Likert-type items assessing the individuals' global health perceptions (Sechrest & Cohen, 1983), and finances were primarily assessed by the Evaluation of Financial Adequacy Scale (Liang, Dvorkin, Kahana & Mazian, 1980). Other demographic variables included age, sex, socioeconomic status, marital status and current residence.

Personality/motivational variables and their measures included the following. Empathy, frequently found to be an antecedent of helping at younger ages, was measured by a scale developed by Mehrabian and Epstein (1972). Locus of control was measured by a version of Rotter's (1966) scale, modified for the elderly by Midlarsky and Kahana (1981). Social responsibility was measured by the Berkowitz and Lutterman (1968) scale, and altruistic moral judgment by procedures developed in our own prior work (Midlarsky, Kahana, & Corley, 1986, 1987). In addition, a series of Likert-like items was employed to tap perceived risks/costs of helping, perceived security within

one's own residential domain, and the degree of helping/support received from others during the past year.

Psychosocial well-being was also investigated as a possible distinghishing characteristic of altruists, in comparison with less helpful elderly persons. The relationship between helping others and well-being was predicted on the basis of several lines of theory and empirical data. For example, in the one published experimental study in this area, Trimakas and Nicolay (1974) found relationships between altruism and high self-esteem. Riessman (1976) has indicated that helpers may themselves obtain certain therapeutic benefits, while Pressey (1975) stated that elderly altruists appear to maintain independence and positive adjustment. In addition, Wentowski (1981) has provided evidence that self-esteem and the maintenance of social networks were enhanced when older persons had opportunities to help others. Primary measures of these variables were the Rosenberg Self-Esteem Scale (Rosenberg, 1965), and the Subjective Social Integration Scale (Liang, Dvorkin, Kahana, & Mazian, 1981).

Results

A stepwise discriminant function analysis was performed in order to predict membership in the two helper groups. This stepwise technique selects from a set of variables those which discriminate between groups. Selection is based on Wilks' lambdas (Anderson, 1958).

The variables, each of which made a separate contribution to the classification, entered the analysis in the following order: (1) willingness to incur risks/costs of helping, (2) self-esteem, (3) perceived importance of helping (helping values), (4) tendency to plan ahead to help others (vs. spur-of-the moment helping), (5) perceived health, (6) social responsibility, (7) type of living arrangement (senior residence vs. independent), (8) altruistic moral judgment, and (9) empathy. The standardized canonical coefficients indicated that helping scores for three variables--

willingness to take risks on behalf of others (.51), tendency to plan ahead (.37) and perceived health (.30) were most important in discriminating between groups. The function resulting from the analysis was able to predict group membership in 87.94% of cases.

In addition to determining the independent variables discriminating altruists across the entire sample, separate analyses were conducted for the two residential subsamples--i.e., the 200 elderly persons residing in age-homogeneous apartment complexes and the 200 residing in independent residences within the Detroit metropolitan area.

In the sample of older persons residing in senior apartments--a group who were generally older than those living independently--ten variables made separate contributions to the classification. In descending order, these were: (1) willingness to entail risks/costs, (2) subjective social integration, (3) internal locus of control, (4) perceived health, (5) sense of security within the residence, (6) perceived financial adequacy, (7) perceived importance of helping, (8) SES, (9) social responsibility, and (10) altruistic moral judgment. The variables with the highest canonical coefficients were the willingness to incur costs/risks (.50), finances (.46), internal locus of control (.40), and subjective social integration (.35). The resulting function was able to predict group membership among these senior residents in 92.9% of cases.

For elderly persons living in the community, outside of age-homogeneous complexes, the order in which variables entered the analysis was: (1) perceived importance of helping, (2) planning ahead to help, (3) perceived health, (4) risks/costs of helping, (5) perceived physical security, (6) social responsibility, (7) SES, (8) self-esteem, (9) empathy, and (10) internal locus of control. The variables with the highest coefficients were risks/costs of helping (.40), planning ahead to help (.47), perceived health (.37), and perceived importance of helping (.30). The function was able to predict membership in 83.42% of cases.

Discussion and Conclusions

In general, then, this study indicates that elderly altruists--defined as those reporting the highest levels of altruism--are distinguished by their willingness to perceive that helping may be costly or risky--but who are willing to incur costs in order to help. Far from engaging in prosocial activities impulsively, these elderly altruists tend to plan ahead in their service to others, and describe helping as an important and worthwhile activity.

Important among the predictors of inclusion in the group of notable altruists is the sense of competence or security. Hence, both for the entire sample of 400 respondents and for the separate subgroups, perceived health emerges as a characteristic of the elderly altruist. For those residing in age-homogeneous dwellings, a group which is generally older and poorer, finances play an important role, as well. Furthermore, helping among both subgroups is predicted by the degree to which people perceive that they are safe and secure, within their own residences or neighborhoods. Health, finances and physical safety are among the important sources of concern among the elderly. As writers such as Macaulay & Berkowitz (1970) have noted, when anxiety is mitigated, then one's concern about one's own well-being may be comfortably replaced by a healthy concern for others.

As stated above, perceived importance of helping--or helping values--emerged as an important predictor variable in all three analyses. Other personality variables reliably discriminating altruists were internal locus of control, social responsibility, altruistic moral judgment and empathy.

Elderly persons classified as altruists in this study also were distinguished by their psychosocial well-being. For both the sample as a whole and for the independent livers, self-esteem was a predictor variable. For the sample as a whole and for the elderly residents of age-homogeneous complexes, altruists were characterized by their sense of social integration, or belonging--a variable which is the inverse of loneliness.

Notable by their absence as discriminating variables were age and the support received from others. Thus, altruists included the oldest old, as well as the young-old. Also, in contrast to views that helping is done by the elderly to reciprocate for help received, elderly altruists interviewed here appeared to help for other reasons entirely.

A portrait emerges of the elderly altruist as an individual who values the welfare of others, incurs costs in order to be of service, and displays psychosocial well-being. This moral and responsible individual appears to actively seek proactive options, and is characterized, as well, in many instances by a healthy sense of social integration with others and/or high self-esteem. Altruistic behavior among what has often been viewed as a "recipient class"--the elderly--may indeed be associated with benefits for oneself as well as for others.

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Table 1. Candidate Predictor Variables

Demographic
- Age
- Sex
- SES
- Marital Status

Personality/Motivational
- Empathy
- Locus of Control
- Social Responsibility
- Altruistic Moral Judgment
- Willingness to Incur Costs/Risks
- Perceived Importance of Helping
- Helper Identity
- Helping/Support Received from Others (Reciprocity Motivation)

Situational
- Current Residence (Age homogeneous; age heterogeneous)
- Sense of Security Within the Residence

Psychosocial Well-Being
- Self-Esteem
- Subjective Social Integration
- Affect Balance

Table 2. Discriminant Analysis Between High and Low Helpers: Overall Analysis

	Discriminant Function	Eigenvalue	Percent of Variance	Canonical Correlations	Wilks' Lambda	χ^2	df	p
Total Sample	1	.50689	100.00	.5799856	.6636167	134.29	15	.0000
Senior Apart-ments	1	.35473	100.00	.5117097	.7381532	46.603	11	.0000
Community Sample	1	.63738	100.00	.6239125	.6107332	83.33	10	.0000

Table 3. Discriminant Function Ceofficients and Group Centroids for the Total Sample

Standardized Discriminant Coefficients	
Variable	Coefficient
Willingness to Incur Costs/Risks	.50769
Spontaneity of Helping	-.36977
Health	.30331
Social Responsibility	.23988
SES	.20028
Residence	-.19180
Perceived Importance of Helping	.18386
Finances	.16226
Altruistic Moral Judgment	.17037
Empathy	.15282
Helper Identity	.15216
Subjective Social Integration	.14821
Affect Balance	-.12814
Security in Residence	.11602
Self-Esteem	.09037

Group Centroids	
Low Helpers	High Helpers
-.33372	1.50993

*Percentage of cases in groups correctly classified: 87.94%.

Table 4. Discriminant Function Coefficients and Group Centroids for the Residents of Senior Apartments

Standardized Discriminant Coefficients	
Variable	Coefficient
Willingness to Incur Costs/Risks	.50140
Finances	.44575
Locus of Control	-.39537
Subjective Social Integration	.35191
Security in Residence	-.34831
Health	.24161
Social Responsibility	.22881
Helper Identity	.22334
SES	.21620
Altruistic Moral Judgment	.20679
Perceived Importance of Helping	.17246

Group Centroids	
Low Helpers	High Helpers
-.33372	1.50993

*Percentage of cases in groups correctly classified: 92.9%

Table 5. Discriminant Function Coefficients and Group Centroids for the Community Sample

Standardized Discriminant Coefficients	
Variable	Coefficient
Willingness to Incur Costs/Risks	.48760
Spontaneity of Helping	-.46766
Health	.37165
Perceived Importance of Helping	.30313
Social Responsibility	.28501
Security in Residence	.23728
SES	.20450
Empathy	.17360
Self-Esteem	.17782
Locus of Control	.15994

Group Centroids	
Low Helpers	High Helpers
-.48611	1.29629

*Percentage of cases in groups correctly classified: 83.42%